

TARGET: Science & Engineering Program

2015 APPLICATION FORM

Personal Information (Please type or print clearly)

Name:

Last Name

First Name

MI

Home Address:

Street #

Street

Apt. #

Applicant

Home:

-

Area Code

Telephone #

City

State

Zip

PRINT

EMAIL ADDRESS

Applicant Cell:

-

Area Code

Telephone #

☐

Female

☐

Male

Date of Birth:

-

Month

Day

Year

2014 – 2015 Academic Year:

☐

Sophomore

☐

Junior

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident ☐ Foreign National with I-20

High School: _____ County: _____

City State Zip

-
Area Code Telephone #

Expected Graduation Date: _____ Grade Point Average: _____ / _____
(unweighted)

General Information

Have you ever visited Fermilab? Yes ☐ No ☐

Have you participated in Fermilab's *Saturday Morning Physics* Program? Yes ☐ No ☐

Will you be applying to other summer internship programs? If yes, please specify which ones?

Signatures (All Original Signatures are Required)

PRINT	Math Teacher	SIGNATURE	DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PRINT	Email Address		PHONE NUMBER

PRINT	Science Teacher	SIGNATURE	DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PRINT	Email Address		PHONE NUMBER

PRINT	Principal / Guidance Counselor	SIGNATURE	DATE
PRINT	Email Address		PHONE NUMBER

PRINT

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PRINT

Student Applicant

SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

DATE

PHONE NUMBER

Complete Application Packet:

Submit As One Complete Package, via US Mail only (Faxes, Emails, & Walk-ins are NOT Accepted):

- ☐ 2015 Application
- ☐ Personal Statement (See page 3 of 2015 Application for detailed instructions)
- ☐ **Official Transcript (Copies of Transcript are not Acceptable)**
- ☐ 2 Evaluation of Applicant forms **(must be put in a sealed envelope by Teacher completing form)**
- ☐ **Recommendation Letters are optional and must be put in a sealed envelope by the party writing the letter. The sealed letter of recommendation must be mailed in one envelope with all application materials listed above.**

Application Deadline: Friday, February 27, 2015

(The completed Application Packet must be postmarked no later than February 27, 2015)

Personal Statement (Please Submit via Mail, see detailed instructions below)

Statement Guidelines:

- Separate attachment
- Word Limit- 500 words or less
- Typed – Font: Times New Roman – Font Size: 12
- Single-Spaced
- 1" margins (top, right, left, bottom)
- 8.5 x 11 paper

Please describe your interests and motivation in the areas of science, technology, engineering and mathematics. What do you expect a summer internship at Fermilab to offer you? What kinds of work assignments would you consider beneficial to supporting your interests and skills? What are your goals and plans after you graduate from high school? **Please type your Personal Statement and remember to run the spell check tool on your document and correct all spelling errors before submitting.**

Computer & Technical Skills

Please identify your level of skill with each the following:

	EXPERT	INTERMEDIATE	BEGINNER	NOT FAMILIAR
HTML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JavaScript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C/ C++	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Python	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soldering Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coursework

NO	YES	Date Completed	COURSE
<input type="checkbox"/>	<input type="checkbox"/>	_____	Algebra I
<input type="checkbox"/>	<input type="checkbox"/>	_____	Algebra II
<input type="checkbox"/>	<input type="checkbox"/>	_____	Algebra II / Trigonometry
<input type="checkbox"/>	<input type="checkbox"/>	_____	Honors Algebra / Trigonometry
<input type="checkbox"/>	<input type="checkbox"/>	_____	Geometry I
<input type="checkbox"/>	<input type="checkbox"/>	_____	Geometry II
<input type="checkbox"/>	<input type="checkbox"/>	_____	Honors Geometry
<input type="checkbox"/>	<input type="checkbox"/>	_____	Probability & Statistics
<input type="checkbox"/>	<input type="checkbox"/>	_____	AP Statistics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Calculus
<input type="checkbox"/>	<input type="checkbox"/>	_____	AP Calculus AB
<input type="checkbox"/>	<input type="checkbox"/>	_____	AP Calculus BC
<input type="checkbox"/>	<input type="checkbox"/>	_____	Calculus III
<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemistry/Physics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Physics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Honor Physics
<input type="checkbox"/>	<input type="checkbox"/>	_____	AP Physics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Astronomy
<input type="checkbox"/>	<input type="checkbox"/>	_____	Computer Aided Draft & Design
<input type="checkbox"/>	<input type="checkbox"/>	_____	Electronics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Computer Networking
<input type="checkbox"/>	<input type="checkbox"/>	_____	Electronics
<input type="checkbox"/>	<input type="checkbox"/>	_____	Journalism

Extracurricular Activities

Please list and describe in **bulleted** form your most meaningful extracurricular activities, organized or individual, during the past two years. Also indicate any leadership positions, as well as time involved per week, in these activities.

1. Mathematics, Science and Technology related activities:

ACTIVITY

Hours Per WEEK

2. Prioritize and describe your top three other areas of involvement: (i.e. Specific sports, clubs, and/or organizations)

ACTIVITY

Hours Per WEEK

Awards

Please list and describe in **bulleted** form the most meaningful awards you have received in or out of school during the past two years. Include the full name of award(s) and year the award was received.

1. Mathematics, Science and Technology related awards:

Name of Award

Year Received

2. Prioritize your top three awards won in areas other than mathematics and science:

Name of Award

Year Received

Work Experience

Please list your work experience:

	COMPANY	JOB TITLE	From - To
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Additional Information applicant would like considered in the review of his / her application:

Demographic Information (OPTIONAL)

This section is **OPTIONAL**. You are **NOT** required to complete this section.

☐ Yes ☐ No *Hispanic/Latino(a)* Are you a person of Cuban, Mexican, Puerto Rican or other Spanish Culture or origin

Select one or more races from the following five race groups:

- ☐ *American Indian or Alaskan Native:* A person having origins in any of the original peoples of the North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ *Asian:* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ *Black or African American:* A person having origins in any of the black racial groups of Africa.
- ☐ *Native Hawaiian or Pacific Islander:* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ *White:* A person having origins in any of the original people of Europe, Middle East, or North Africa.